

**GROUP TERM LIFE INSURANCE
PORTABILITY ENROLLMENT FORM
EFFECTIVE JANUARY 1, 2001**

**HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
HARTFORD, CT 06115**

(APPLICABLE ONLY TO EMPLOYEES RETIRING JANUARY 1, 2001 AND AFTER)

POLICY NUMBER
GL33913-4

CERTIFICATE NO.

POLICYHOLDER: STATE OF SOUTH CAROLINA
BUDGET AND CONTROL BOARD

EMPLOYER NAME:

EMPLOYER GROUP ID#

EMPLOYER PHONE NUMBER

EMPLOYEE INFORMATION:

First Name

Middle Initial

Last Name

Date of Birth
Month Day Year

OPTIONAL LIFE
TOTAL COVERAGE

\$

Social Security Number:

Phone Number:

I ELECT TO PORT: (\$10,000 INCREMENTS)

\$

ADDRESS

CITY

STATE

ZIP CODE

LAST DAY WORKED

ACTIVE GROUP COVERAGE
TERMINATION EFFECTIVE DATE

EFFECTIVE DATE (LEAVE BLANK)

BILLING OPTION (circle preference-a \$5 administrative fee per billing is applicable) Annual Semi-annual Quarterly

YOUR BENEFICIARY (First Name Middle Initial Last Name)

Relationship

I UNDERSTAND THAT THE INSURANCE FOR WHICH I HAVE APPLIED WILL NOT BECOME EFFECTIVE UNLESS I HAVE FULLY COMPLETED THIS FORM.

SIGNATURE: DATE:

I HAVE ALREADY RECEIVED A PORTION OF MY COVERAGE UNDER THE LIVING BENEFIT OPTION AND UNDERSTAND MY CONTINUATION COVERAGE WILL EQUAL THE REMAINING COVERAGE IN EFFECT.

SIGNATURE (if applicable): DATE:

SIGNATURE OF VERIFICATION BY BENEFITS ADMINISTRATOR:

Form BC-3267 (revised 01/2001)

South Carolina Budget and Control Board Office of Insurance Services

This application form is necessary for continuation of the Optional Life coverage under portability. To be eligible for continuation under portability, the employee must be leaving covered employment due to disability retirement or service retirement and must be eligible for retirement at the time the active group Optional Life coverage ends. Under portability provisions, the retiring employee may continue his Optional Life coverage in \$10,000 increments up to his active coverage level unless he has already received a portion of his coverage under the Living Benefit option. Portability premiums are the same as the active employee Optional Life premiums, determined by age and increased in five-year increments until age 75. Coverage will be reduced at age 70 and continued to age 75. A \$5 administrative fee will be charged with each billing (annually, semi-annually or quarterly, refer to billing option above). If the employee elects to continue the Optional Life coverage under portability, he is eligible to continue the coverage until age 75 and to convert his coverage to individual whole life insurance at age 75. **This form and/or the conversion request form should be completed and filed within 31 days of the coverage termination date.**

In lieu of portability, the retiring employee may elect conversion to individual whole life insurance. Conversion is available to employees who lose Optional Life coverage and dependents who lose Dependent Life coverage. It is issued without evidence of insurability. Applications for conversion must be filed within 31 days of coverage termination. Any amount of coverage (in thousand dollar increments) may be converted up to the benefit amount of the coverage terminated. Conversion brochures and information are available through the employer's benefits office.

Send the completed form to:

**Hartford Life Insurance Company
Attention: SRL&H Department
Post Office Box 2999
Hartford, CT 06104-2999**

Do not send payment. You will be billed.